

CHCS AUTOMATED DD7A USER DESKTOP GUIDE

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DD7A

Using This Guide

Using This Guide

1. Overview

The DD7A User Desktop Guide describes the automated DD7A function within CHCS. It also addresses the file and table build necessary to support this function.

2. Audience

This guide serves as a desktop reference for authorized users of the Medical Services Accounting (MSA) software.

3. Objectives

This guide enables you to complete the activities listed under each chapter heading as follows:

- **Chapter 1: Introduction to CHCS and the DD Form 7**
 - Describe the CHCS Patient Administration (PAD) and Medical Services Accounting (MSA) Software.
 - Describe the DD Form 7 centralized billing form.
 - List important considerations related to DD7A Software Installation.
 - Identify Business Rules related to the automated DD7A functions.
 - Describe the relationship between DD7A software and the Medical Expense Performance and Reporting System (MEPRS).
- **Chapter 2: The DD7A Billing Menu**
 - Discuss user capabilities in CHCS related to the DD7A Billing Menu options.

- **Chapter 3: Automated DD7A: File and Table Build**
 - Discuss three files that supports the automated DD7A function:
 - DD7A Monthly Holding File
 - Outpatient MEPRS Billing Table File
 - DD7A Reprint File.

Chapter

1

Introduction to CHCS and the DD Form 7

1. Introduction to CHCS and the DD Form 7

Chapter Overview

The DD form 7 is introduced in this chapter. Emphasis is placed on the automated function, DD7 (Part A), or DD7A, and the business rules that apply. This chapter also provides an overview of the Composite Health Care System (CHCS), focusing on the Patient Administration (PAD) and Medical Services Accounting (MSA) software which includes the DD7A function. Further, the chapter also addresses the Medical Expense and Performance Reporting System (MEPRS) codes used to track health care services that are DD7A-billable. Chapter topics include:

- Overview of CHCS: Patient Administration (PAD) and Medical Services Accounting (MSA) Software
- Centralized Billing: The DD Form 7
- DD7A Software Installation: Important Considerations
- Business Rules
- DD7A and the Medical Expense Performance and Reporting System (MEPRS)
- Chapter Summary.

1.1. Overview of CHCS: Patient Administration (PAD) and Medical Services Accounting (MSA) Software

The DD7A function is accessed from the MSA System Menu which is a component of the PAD subsystem of CHCS. CHCS, the PAD subsystem, and PAD's MSA component are described below and, since MSA integrates with the Patient Appointment and Scheduling (PAS) software to support the DD7A function, a brief overview of PAS is also included.

1.1.1. CHCS

CHCS is an automated health care information system. Its functions are completely integrated; therefore, personnel in the diverse workcenters within the MTF can access a single patient database. It also supports the coordination of health care services between groups of MTFs sharing the same hardware platform and patient database. There are several subsystems within CHCS, each with its own unique capabilities. The PAD and PAS subsystems are briefly described below; however, for additional information regarding CHCS, refer to Appendix A: General Information - The Composite Health Care System (CHCS).

1.1.2. The PAD Subsystem

The PAD software is used to track administrative tasks within the medical treatment facility (MTF), including registration and admission, disposition, and transfer of patients, as well as inpatient record coding, peer review and medical record tracking. PAD users can collect and monitor patient and bed status including length-of-stay, pending transfers and previous inpatient history within the facility.

The PAD subsystem also includes software used for billing and collections for health care services. This includes Third Party Collections (TPC) and MSA. A discussion of MSA follows.

1.1.2.1. MSA Software

The MSA software allows you to initiate and monitor patient billing and to track fees owed to, or collected by, the facility. Such fees include: charges for inpatient and outpatient services, dining hall collections, and charges to insurance (third party) companies.

The software also allows you to enter/edit accounting and billing information for each patient record and to process third party collections.

MSA users can also implement internal MTF accounting procedures, such as tracking outstanding accounts by age and verifying the accounting office record of balance.

The DD7A form is generated and processed within the MSA software. The software menu that supports the DD7A functionality is discussed in detail in Chapter 2.

1.1.3. The PAS Subsystem

The PAS subsystem provides a variety of functions related to booking and scheduling appointments for patients. It allows various personnel to perform the following tasks: search for single or multiple appointments in one or more clinics; cancel and reschedule appointment, and enter Wait List requests; check in patients, process Wait List requests, and perform End-of-Day (EOD) processing; enter and update Emergency Room encounters; and add and maintain clinic, provider, and appointment profile information.

The PAS subsystem also includes the Managed Care Program (MCP) software. MCP software allows Health Care Finders (HCFs), health benefits advisors, MTF booking clerks, and MTF supervisors to search for the most cost-effective source of specialty care, regardless of whether the patient is enrolled in the MCP.

1.2. Centralized Billing: The DD Form 7

The DD Form 7 is a tri-service form that is a Report of Treatment furnished Pay Patients; Hospitalization Furnished (Part A); Outpatient Treatment Furnished (Part B) and other documentation for medical care furnished by MTFs to beneficiaries of other Federal departments and agencies, and to other categories of patients.¹

The DD Form 7, 7A or 7B, is prepared and submitted for all patient categories (PATCATs) specified by the Department of Defense (DOD) as "reportable." The forms are required in order to receive reimbursement for medical care furnished in accordance with law, regulation, or agreements.

1.3. The Automated DD7A Function

The DD7A function in CHCS was automated at government request in accordance with System Change Request (SCR) 95-3537, Automated DD7A. This automated function is

1. Army Regulation 40-330, Medical Services, Rates, Codes, Expense and Performance Reporting Systems, Centralized Billing, and Medical Services Accounts, Headquarters, Department of the Army, Washington, DC, 26 Feb 1988.

not an interface; therefore, it does not require peripheral equipment or a link to an external system. Further, the automated function does not affect existing site parameters.

CHCS was modified to automate the DD7A for outpatient visits and visits by inpatients to outpatient clinics. The latter is referred to as an *Inpatient Visit*.

Accurate collection and tracking of outpatient data is essential to the effectiveness of the automated DD7A form, as charges/billing is processed only for completed patient appointments/visits.

The End-of-Day (EOD) Processing function within the PAS subsystem is part of the mechanism for tracking DD7A charges. MSA provides the other part, including the DD7A Holding file.

1.4. DD7A Software Installation: Important Considerations

The following information is important to consider when the DD7A software is installed:

- CHCS does not perform retroactive calculations.
- The DD7A Reprint File (8077) stores only one (1) month's data.
- An MSA outpatient account is not created; therefore, automatic adjustments are not supported.
- Since CHCS does not support outpatient insurance, DD7A does not reflect insurance payments.

1.5. Business Rules

The following Business Rules apply to the MSA/Automated DD7A function within CHCS:

1. Site personnel are responsible for keeping their DD7A Billing Rate Table current.
2. DD7A patients with non-Ambulatory Procedure Visit (APV) episodes are charged based on the applicable *B* or *C* third-level MEPRS code.
3. DD7A patients with APV episodes are charged at the applicable outpatient agency rate associated with the APV for Interagency and Other Federal

Agency Sponsored Patients Rate (IOR), International Military Education and Training Rate (IMET), and Other Rate (FOR) Patient Categories (PATCATs).

4. Site personnel can view, select, and print current month DD7A selection list data at any time, but cannot select/deselect eligible outpatients until after the first day of the following month.
5. CHCS allows the user to continue to reprint a prior month's report until the user initially prints the next month's report.
6. Each visit displays as an episode on the DD7A Selection List; however, an MSA outpatient account is not be created, and is not needed.
7. Site personnel must generate their DD7A reports monthly to clear the queue to allow for the next month's printing.
8. Visits associated with an inpatient episode are not reported on the DD7A Report.
9. A DD7A billable charge is for count workload only.
10. Adjusted accounts should not count as visits in the #Visits column of the DD7 Report (Part B, Outpatient Services).
11. The DD7A outpatient billing process is only applicable for *B* and *C* level MEPRS codes.
12. The DD7A outpatient billing process for APVs is transparent to the user.
13. MSA users are permitted to edit charges for appointments with or without system calculated charges. If the MSA user selects an appointment without charges, the user can add charges to this appointment.
14. MSA users can add entries to the DD7A Report. Only those patients whose PATCAT code is DD7A Billable display for selection. If the APV rate exists in the MSA Rate Table, a default charge value displays in the charge field for the user to accept as a default, or to change.

1.6. The DD7A and the Medical Expense Performance and Reporting System (MEPRS)

Billing inpatient visits not associated with an inpatient episode is based on *B* MEPRS codes for KEPT and WALK-IN clinic appointments. CHCS also supports entering *C* MEPRS code billing per patient visit.

Note: For detailed information about MEPRS and MEPRS codes, refer to Appendix A: General Information, The Medical Expense and Performance Reporting System (MEPRS).

1.7. Chapter Summary

Effective with CHCS V4.6, the DD7A was automated to support billable outpatient visits and visits by inpatients to outpatient clinics. Billing is processed only for completed visits. The End-of-Day (EOD) Processing function in PAS helps to track this data, DD7A billable charges, and associated MEPRS codes. MSA software provides the ability to store the data and to generate and process the billing form.

Chapter

2

The DD7A Billing Menu

2. The DD7A Billing Menu

Chapter Overview

This chapter provides a detailed discussion of the DD7A Billing Menu options. Steps in the process workflow related to each option is also provided. Chapter topics include:

- The DD7A Billing Menu
- The DD7A Billing Table Enter/Edit (DTE) Option
- The DD7A Billing Table Report (BTR) Option
- The Preview DD7A Billing List (PRE) Option
- The DD7A Monthly Outpatient Billing Process (MBP) Option
- The Reprint DD7A (RPD) Option
- Chapter Summary.

2.1. The DD7A Billing Menu

With automation of the DD7A function in CHCS, a new menu option, the *DD7A Billing Menu*, is located on the MSA System Menu (MSA). Options available on this menu include:

DTE	DD7A Billing Table Enter/Edit
BTR	DD7A Billing Table Report
PRE	Preview DD7A Billing List
MBP	DD7A Monthly Outpatient Billing Process
RPD	Reprint DD7A.

Refer to Figure 2-1: The Medical Services Accounting (MSA) System Menu Hierarchy, to determine the location of the DD7A Billing Menu option.

Although Outpatient MSA is not *fully* automated at this time, the DD7A Billing Menu options allow you to perform many valuable functions, including:

- Enter/Edit MEPRS billing rates/calculate the charges for DD7A outpatient categories (PATCATs)
- View a list of DD7A-billable patients
- Select and deselect billable patients from a list
- Generate a DD7A Billing Rate Table
- Generate a DD7A Report.

Each of the DD7A Billing Menu options is described below.

The Medical Services Accounting (MSA) Menu Hierarchy

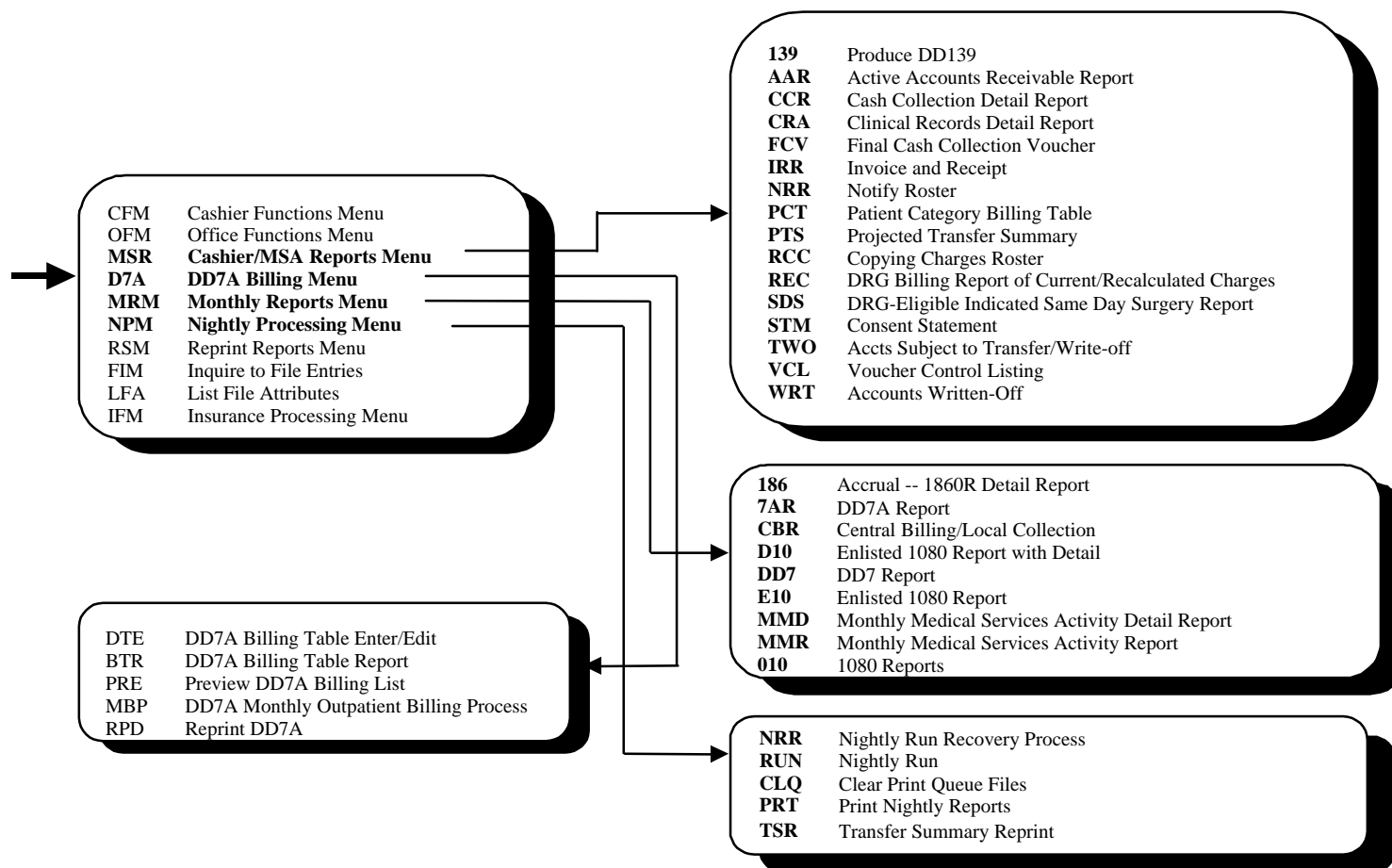


Figure 2-1. The Medical Services Accounting (MSA) System Menu Hierarchy

2.2. The DD7A Billing Table Enter/Edit (DTE) Option

The DD7A Billing Table Enter/Edit option allows you to enter and/or edit DD7A outpatient rates for a specific MEPRS code.

2.2.1. Users

MSA users assigned the MSA OFFICE MANAGER security key and the FileMan access code, "a" (for MSA functionality), can access the DD7A Billing Table Enter/Edit option.

2.2.2. Workflow

Enter an outpatient rate for a specified MEPRS code.

1. Access the DD7A Billing Table Enter/Edit (DTE) option on the DD7A Billing Menu (D7A) Menu.

Menu Path:

PAD PAD System Menu

MSA MSA System Menu

D7A DD7A Billing Menu

DTE DD7A Billing Table Enter/Edit

After selecting the DD7A Billing Table Enter/Edit (DTE) option, the system prompts you to enter a MEPRS code.

2. Select a MEPRS code.

Select a Third Level B or C MEPRS CODE: **BAA** (INTERNAL MEDICINE)

Need to know information:

- Enter a double question mark (??) at this prompt to display a list of third level *B* or *C* MEPRS codes.

CHCS screens the MEPRS code entry for acceptability.

If you enter an unacceptable MEPRS code the system returns you to the prompt to enter another third level *B* or *C* MEPRS code.

If the MEPRS code is acceptable, the system displays the DD7A Billing Table Enter/Edit screen and allows you to complete the applicable fields.

Refer to Figure 2-2: Sample Screen: DD7A Billing Table Enter/Edit.

MEPRS Rate Code: BAA	Outpatient Billing Rate Table Enter/Edit
Description: INTERNAL MEDICINE	
Type of Care: Medical Care	
Inactive Date:	Effective Date: 01 Oct 1997
DD7A Rates	
International Military Education & Training (IMET) rate:	34.00
Interagency & Other Federal Agency Sponsored Patients (IOR) rate:	61.00
Other (FOR) rate:	66.00
Ambulatory Procedure Visit Rates	
International Military Education & Training (IMET) APV rate:	413.00
Interagency & Other Federal Agency Patients (IOR) APV rate:	746.00
Other (FOR) APV rate:	797.00
Help = HELP	Exit = F10
	File/Exit = DO

Figure 2-2. Sample Screen: DD7A Billing Table Enter/Edit

- Use the up- or down-arrow keys, or press <Return> to advance through the fields to enter/edit the applicable data.
- Enter a double question mark (??) at any field and press <Return> to access information about the field.

- The 'Description' and 'Type of Care' fields are display only and cannot be edited. Data in these fields is based on the MEPRS code entered after accessing the option.
- The 'Inactive Date' field is used to enter the date when the MEPRS rate is no longer valid. Only future dates are allowed.
- The 'Effective Date' field is automatically updated by the system after installing DD7A and when you enter a new rate.

Note: The 'Effective Date' applies to all rates on the screen whether one, or more than one rate is entered/edited.

- An Action Bar displays at the bottom of the screen. The actions are:

Help	=	HELP	access online help
Exit	=	F10	abort the screen without filing changes
File/Exit	=	DO	file the data and exit.

- If you press <Return> to advance through each field, or press <F10>, the following action bar displays:

FILE/EXIT	–	file the data and exit the option
ABORT	–	cancel changes and exit the screen without filing data
EDIT	–	return to the screen to make additional edits.

3. File the data.

Press <F> to file the data.

After filing the data, the system again prompts you to select a *B* or *C* MEPRS code. You can enter another code or press <Return> to exit the option and return to the DD7A Billing Menu.

Refer to Appendix C, Flowcharts: DD7A Outpatient Billing Rate Table
Enter/Edit.

2.3. The DD7A Billing Table Report (BTR) Option

This option allows you to generate the DD7A Billing Table Report - Outpatient MEPRS (DD7A) Rate Schedule. This report lists the MEPRS code, Clinical Service, and rate information, by the type of patient care.

2.3.1. Users

MSA clerks assigned the FileMan access codes, "aAbB" (for MSA functionality), can access the DD7A Billing Table Report option.

2.3.2. Workflow

Generate a DD7A Billing Table Report.

1. Access the DD7A Billing Table Report option on the DD7A Billing Menu.

Menu Path:

PAD PAD System Menu

MSA MSA System Menu

D7A DD7A Billing Menu

BTR DD7A Billing Table Report

2. Specify the number of copies to be printed.

NUMBER OF COPIES: 1// **<Return>**

Either press **<Return>** to accept the default and print one copy of the report or specify the number of copies to print, then press **<Return>**.

3. Specify a device.

DEVICE: **<Return>**

Need to know information:

- At the DEVICE prompt, allowable responses include:

<Return>	–	displays the form on the screen
0 (zero)	–	displays the form on the screen
HOME	–	displays the form on the screen
Enter a Device name	–	specifies the device on which the report will print after you press <Return>
Q	–	allows you to queue the report to be printed later. You are prompted to enter a device name and start time.
- After the report is generated, press **<Return>** to exit the option and return to the DD7A Billing Menu.

4. Press **<Return>**.

Refer to Appendix C: Flowcharts, DD7A Billing Table Report.

Refer to Appendix D: Sample Reports, DD7A Billing Table Report - Outpatient MEPRS (DD7A) Rate Schedule.

2.4. The Preview DD7A Billing List (PRE) Option

The Preview DD7A Billing List option allows you to view, at any time, the list of appointments that are DD7A-billable for the current billing month. The DD7A Billing List is based on kept appointments, walk-ins, or telephone consults to clinics which have *B* or *C* level MEPRS codes.

2.4.1. Users

MSA users assigned the MSA DD7A Billing security key and FileMan access codes "aAbB" (for MSA functionality) can access the Preview DD7A Billing List option.

2.4.2. Workflow

Preview a DD7A Billing List.

1. Access the Preview DD7A Billing List option on the DD7A Billing Menu.

Menu Path:

PAD	PAD System Menu
MSA	MSA System Menu
D7A	DD7A Billing Menu
PRE	Preview DD7A Billing List

2. Specify the number of copies to be printed.

NUMBER OF COPIES: 1// <Return>

Either press <Return> to accept the default and print one copy of the report or specify the number of copies to print, then press <Return>.

3. Specify a device.

DEVICE: <Return>

Refer to Figure 2-3: Sample Screen: The DD7A Outpatient Billing Preview List.

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* * * DD7A Outpatient Billing Preview List for October 1997 * * *

Visit	Pat		Eff		MEPRS	
Date	Cat	Patient	Ins	FMP/SSN	Code	Charges
* 02Sep97@0200	B31	BROCKWAY, TOM	N	20/585-33-0406	BCBP	80.00
13Sep97@0900	K71	BROCKWAY, DAVID	N	20/585-23-0305	BAAA	96.00
* 18Sep97@1402	C31	DAVIES, CARL	N	20/687-65-0921	CAAA	200.00
04Oct97@0900	C31	DAVIES, CARL	N	20/687-65-0921	BAAA	167.00
* 07Oct97@1300	B11	BOWMAN, DARREN	Y	20/800-66-0504	BAA5	797.00

* - Current visits/adjustments selected for the October 1997 DD7A

Figure 2-3. Sample Screen: The DD7A Outpatient Billing Preview List

Need to know information:

- Data fields on the DD7A Billing List include:
 - Visit Date/Time
 - PATCAT
 - Patient Name
 - Effective Insurance (Y/N)
 - FMP/SSN
 - MEPRS code
 - Charges.
- The appointments selected to display on the current billing month report are indicated by an asterisk (*).

Refer to Appendix C: Flowcharts, Preview DD7A Billing List.

2.5. The DD7A Monthly Outpatient Billing Process (MBP) Option

The DD7A Monthly Outpatient Billing Process option allows you to preview and select/deselect patient records to appear on the DD7A Monthly Outpatient Billing report, edit patient charges, add patients to the DD7A Outpatient Billing Selection List, and finalize the list of patient visits to appear on the DD7A Monthly Billing report. These functions are available to you on an action bar through the DD7A Outpatient Billing Process option.

Note: This option depends on PAS software. After PAS EOD processing is completed, the system checks appointment data to ensure that the patients are DD7A-billable. If so, MSA stores the data in a holding file that is sorted by division.

2.5.1. Users

Authorized MSA users assigned the MSA DD7A BILLING security key and FileMan access codes "aAbB" (for MSA functionality) can access the DD7A Monthly Outpatient Billing Process option to process DD7A eligible patients.

2.5.2. Workflow

Complete the DD7A Outpatient Billing Process for the Previous Month.

Access the DD7A Monthly Outpatient Billing Process option on the DD7A Billing Menu.

Menu Path:

PAD	PAD System Menu
MSA	MSA System Menu
D7A	DD7A Billing Menu
MBP	DD7A Monthly Outpatient Billing Process

Need to know information:

- After accessing the DD7A Monthly Outpatient Billing Process option, the system displays a screen with a list of patient appointments that are DD7A billable.

This screen allows you to select appointments to include on the Monthly DD7A Report.

- If you display this list after printing the DD7A and before the beginning of the next month, you can only view the list and cannot select/deselect appointments.
- Only one user can use the MBP option at a time. If another user tries to access this option, the system displays the following message:

THIS OPTION IS CURRENTLY IN USE. PLEASE TRY LATER.
PRESS RETURN TO CONTINUE.

Refer to Figure 2-4: Sample Screen: DD7A Outpatient Billing Selection List.

DD7A Outpatient Billing Selection list						
Effective Insurance indicates CHCS entered data, please verify other sources.						
Deselect/Select the visits to be included on the October DD7A						
Visit Date/Time	Pat Cat	Patient	Eff Ins	FMP/SSN	MEPRS Code	Charges
*02Sep97@0200	B31	BROCKWAY, TOM	N	20/585-33-0406	BCBP	80.00
13Sep97@0900	K71	BROCKWAY, DAVID	N	20/585-23-0305	BAAA	96.00
18Sep97@1402	C31	DAVIES, CARL	N	20/687-65-0921	CAAA	200.00
*04Oct97@0900	C31	DAVIES, CARL	N	20/687-65-0921	BAAA	167.00
*07Oct97@1300	B11	BOWMAN, DARREN	Y	20/800-66-0504	BAA5	797.00
Select Visits Edit Charges Add Item Print Preview Finalize HELP EXIT						
Select or Deselect visits that will appear on the DD7A						

Figure 2-4. Sample Screen: DD7A Outpatient Billing Selection List

- When you first preview the selection list, all appointments are marked with an asterisk (*). You may deselect visits by scrolling up or down the list using the up- and down-arrow keys then pressing <Select> to remove the asterisk.

Deselected appointments continue to display with no asterisk (unless reselected) until you finalize the preview list, and print the DD7A.

Press <Return> to return to the action bar.

- After you have selected and/or deselected appointments from the list, the system then moves the data from the holding file to the DD7A Reprint file and a DD7A report prints.
- Actions on the action bar are described below:

Select Visits	—	select or deselect patients to appear on the DD7A Monthly Outpatient Billing Process report.
----------------------	---	--

Recall that when you first preview the selection list, all appointments are marked with an asterisk (*).

Edit Charges	—	edit charges that will appear on the DD7A report.
---------------------	---	---

Add Item	—	add new entries to the DD7A Outpatient Selection list.
-----------------	---	--

If the patient whose name you add does not have a Patient Category code that is DD7A-billable, the patient's name is rejected and the following message displays:
"Cannot add patients to the DD7A that are not DD7A billable."

Print Preview	–	view and/or print the DD7A Outpatient Selection List. Patient visits appear on the DD7A report only if the visits are selected.
Finalize	–	finalize and print the DD7A Monthly Outpatient Billing report. This action should be performed at the beginning of the month to finalize data for the previous month, and to allow the system to display the selection data for the new month.

Note: After you finalize the report, you can no longer select or deselect visits for that month.

The **Finalize** action also allows you to print a summary report for Coast Guard beneficiaries.

2. Complete the DD7A Outpatient Billing Process.

You may need to perform *one or more* of the following actions to complete the billing process:

- Press **S** to select or deselect appointments to appear on the DD7A Monthly Outpatient Billing Process report.

Refer to Figure 2-4 above: Sample Screen: DD7A Outpatient Billing Selection List.

Reminder: By default, all patient names are selected when the initial list displays. You may deselect and/or reselect names on the list as needed. The selected names display on the DD7A Monthly Billing Report.

- Press **E** to edit charges for existing visits.

Refer to Figure 2-5: Sample Screen: Selection List Line Item Edit Update Charges.

DD7A Outpatient Billing Selection List	Line	Item	Edit
Update Charges			

Visit Date: 04Oct97@0900			
Patient: DAVIES,CARL			
FMP/SSN: 20/687-65-0921			
Insurance: No valid policy exists for this visit			
Patient Category: C31 (USCG RET LOS)			
MEPRS Code: BAAA Clinic: INTERNAL MEDICINE CLINIC ARMY			
Charges: 187.00			

Help = HELP Exit = F10 File/Exit = DO			

Figure 2-5. Sample Screen: Selection List Line Item Edit Update Charges

Note: If you find that you are not ready to enter the additional data, press either <F10> or '^' to exit without editing the charges.

To edit charges, scroll up or down using the up- and down-arrow keys to highlight a visit on the DD7A Outpatient Billing Selection List, then press <Return> to edit the charges.

You can also add charges for appointments that do not have system calculated charges.

To file the edit, press <DO>. This action causes the system to file the data and exit the option.

- Press **A** to add new line items (outpatient visits/adjustments) to the preview list.

The following prompt displays:

ENTER A DATE/TIME FOR THIS VISIT/ADJUSTMENT:

At this prompt, enter a date and time for the visit, to access the DD7A Outpatient Billing Selection List Line Item Edit (Add Entry Mode) screen.

Refer to Figure 2-6: Sample Screen: DD7A Outpatient Billing Selection List Line Item Edit(Add Entry Mode).

DD7A Outpatient Billing Selection List	Line Item Edit
Update Charges	

Visit Date: 04Oct97@0900	
Patient: DAVIES,CARL	
FMP/SSN: 20/687-65-0921	
Insurance: No valid policy exists for this visit	
Patient Category: C31 (USCG RET LOS)	
MEPRS Code: BAAA Clinic: INTERNAL MEDICINE CLINIC ARMY	
Charges: 187.00	

Help = HELP	Exit = F10 File/Exit = DO

Figure 2-6. Sample Screen: DD7A Outpatient Billing Selection List Line Item Edit (Add Entry Mode)

If the added patient's Patient Category code is not DD7A billable, the patient name is rejected and the following message displays:

"Cannot add patients to the DD7A that are not DD7A billable."

If the MEPRS code exists in the Outpatient MEPRS Billing Table, a default charge displays in the 'Charges' field. You can accept the default, or edit the charge.

To file the edit, press <DO>. This action causes the system to file the data and exit the option.

- Press **P** to print a preview of the DD7A Outpatient Billing List for the current billing month.

Refer to Figure 2-7: DD7A Outpatient Billing Preview List.

DD7A Outpatient Billing Selection list						
Effective Insurance indicates CHCS entered data, please verify other sources.						
Deselect/Select the visits to be included on the October DD7A						
Visit Date/Time	Pat Cat	Patient	Eff Ins	FMP/SSN	Code	MEPRS Charges
*02Sep96@0200	B31	BROCKWAY, TOM	N	20/585-33-0406	BCBP	80.00
*13Sep97@0900	C11	DAVISON, RONALD	N	20/490-23-0234	CAAA	65.00
*04Oct97@0900	C31	DAVIES, CARL	N	20/687-65-0921	BAAA	187.00
*07Oct97@1300	B11	BOWMAN, DARREN	Y	20/800-66-0504	BAA5	797.00

Select Visits Edit Charges Add Item Print Preview Finalize HELP EXIT						
Print a preview of this list						

Figure 2-7. DD7A Outpatient Billing Preview List

- Press **F** to finalize and print the DD7A Monthly Outpatient Billing report.

If you select the Finalize action at any time other than the beginning of the month, the following message displays:

"This action is not available until the beginning of the next month,"
and you return to the DD7A Outpatient Billing Selection list.

When you select the Finalize action at the beginning of the new month, the system will query:

"Finalizing/printing this report will result in the deletion of the [Two Months Prior/Year] DD7A report, and will also result in the deletion of the [One Month Prior/Year] preview list."

"DO YOU STILL WANT TO FINALIZE/PRINT?" NO//

If it is the first day of the current reporting month, respond "YES" to clear the records for the new month.

Note: If you do not wish to finalize the report, you may accept the default by pressing <Return> to exit the option and return to the action bar.

If you enter YES, complete the following steps:

3. Specify the number of copies.

NUMBER OF COPIES: 1// <Return>

Either press <Return> to reprint one copy of the previous letter or specify the number of copies to reprint and press <Return>.

4. Specify a Device.

DEVICE: NL:

Enter a device name and press <Return>.

The system generates the output and exits the action.

Reminder: In addition to the DD7A report, the 'Finalize' action also generates a summary report for the United States Coast Guard.

Refer to Figure 2-8: Sample DD7A and Figure 2-9: United States Coast Guard Summary Report. An additional sample of these reports is also provided in Appendix D.

Bill No: 0125 - 97 - OCT				
Report of Treatment Furnished Pay Patients Hospitalization Furnished (Part B) Outpatient Services				
Prepared on : 29 Sep 97		Printed on : 30 Sep 97 Page 1 of 1		
EISENHOWER ARMY MEDICAL CENTER BLDG. 300/MCHF-IMD FORT GORDON, GA 30905-5650				
Patient Charge Category: USCG ACTIVE DUTY, C11 Country of Origin: United States of America				
Patient Name FMP/SSN	Pat Cat Grade	Visit Date	MEPRS Clinic	Amount Billed

Division: ARMY INPATIENT DIVISION				
DAVISON, RONALD 20/490-23-0234	C11 E8	13 Sep 97	CAAA DENTAL	65.00
HACKETT, DANIEL B. 20/433-99-8976	C11 E6	17 Sep 97	BBAA EYE	107.00
MOSSER, MIKE 20/568-12-2223	C11 E5	27 Sep 97	BALA NUTRITION	24.00
SMITH, JANE 20/525-45-1234	C11 E6	05 Sep 97	BBBA ALLERGY	34.00

USCG ACTIVE DUTY Billing This Period: (Visit: 4)				230.00
Adjustments This Period:				0.00

Adjustments Billing This Period:				230.00
USCG ACTIVE DUTY Billing Year to Date:				1104.78
Date: 02 Oct 1997 Certified and Authenticated by _____				
THIS FORM IS AN AUTOMATED VERSION OF DD7A - 1 APR 76				

Figure 2-8. Sample DD7A

Note: When the report has multiple pages, a header appears on each page.

Bill No: 0121 - 97 - OCT		
Report of Treatment Furnished Pay Patients		
Hospitalization Furnished (Part B) Outpatient Services		
Prepared on : 29 Sep 97	Printed on : 30 Sep 97	
	Page 1 of 1	
EISENHOWER ARMY MEDICAL CENTER		
BLDG. 300/MCHF-IMD		
FORT GORDON, GA 30905-6560		
United States Coast Guard Summary Report		
Country of Origin: United States of America		

Patient Status	# Visits	Billed Amount

USCG Active Duty	3	192.00
USCG Family Member	1	34.00
USCG Retired	0	0.00
USCG Retired Family Member	1	178.00

Billing This Period:	5	404.00
Adjustments This Period		0.00
Adjustments Billing This Period:		----- 404.00
Billing Year to Date:		1282.78
Date: 02 Oct 1997	Certified and Authenticated by _____	
THIS FORM IS AN AUTOMATED VERSION OF DD7A - 1 APR 76		

Figure 2-9. United States Coast Guard Summary Report

Refer to Appendix C: Flowcharts, DD7A Monthly Outpatient Billing Process.

2.5.3. Processing DD7A-Billable Outpatient Ambulatory Procedure Visits (APVs)

DD7A-billable patients with APVs are charged the appropriate APV rate based on their Patient Category (PATCAT). The system will check PAS data to ascertain whether a patient had an APV on a specified day in a hospital location with a location type of "S" (a flag which indicates an Ambulatory Procedure Unit (APU). If so, the system will record the APU flagged MEPRS code, as well as the PATCAT, and will calculate the appropriate APV rate for the patient, based on the third level MEPRS code for APV.

Note: Refer to Section 2.7 for a summary of non-DD7A Outpatient APV billing.

2.6. The Reprint DD7A Option

The Reprint DD7A option allows you to reprint, at any time, a DD7A for the previous billing month.

Note: Once the DD7A report has been finalized for the current month, the prior report is not available for reprint.

The DD7A report includes the MTF name and address, patient name and charge category, MEPRS code, PATCAT, visit date, amount billed, and year-to-date totals.

2.6.1. Users

Users who can currently print the DD7A report also have access to the new option, Reprint DD7A (RPD).

2.6.2. Workflow

Reprint a DD7A.

1. Access the Reprint DD7A option on the DD7A Billing Menu.

Menu Path:

PAD PAD System Menu

MSA MSA System Menu

D7A DD7A Billing Menu

RPD Reprint DD7A

After accessing the Reprint DD7A option, the system displays the following message:

Reprint [name of past month] DD7A Report for 1997.

The system then allows you to select the number of copies and the device.

2. Specify the number of copies to print.

Either press <Return> to accept the default and print one copy of the report or enter another number, then press <Return>.

NUMBER OF COPIES: 1// **<Return>**

3. Specify a device.

DEVICE: **NL:**

The system generates the output and exits the option.

Reminder: After the DD7A reprints, the system automatically prints summary reports for the US Coast Guard.

The DD7A Reprint file is purged monthly when the data from the previous month is entered into the DD7A Holding file.

Refer to Appendix C: Flowcharts, Reprint DD7A.

2.7. Non DD7A-Billable Outpatient Ambulatory Procedure Visits

The One Time Charge Post (OTP) option (on the Cashier Functions Menu) is used to enter charges for non-DD7A APV patients through the Cashier Functions Menu. Associated MEPRS codes need to have an APV flag set for MSA to determine the appropriate charges. Non-DD7A APV rates are determined by the patient's PATCAT.

2.7.1. Users

MSA users assigned the security key, MSA CLERK, and the FileMan access code, "a" (for MSA functionality), will be able to post one time charges.

2.7.2. Workflow

Post a one time charge for a non DD7A-billable APV visit.

1. Access the One Time Charges Post (OTP) option on the Cashier Functions Menu.

Menu Path:

PAD PAD System Menu

MSA MSA System Menu

CFM Cashier Functions Menu

OTP One Time Charges Post

After selecting the option, the system prompts you to enter a patient name for the one time charge.

2. Enter a patient name.

Select PATIENT or ACCOUNT: **JONES,HAROLD**

3. Enter an effective date for the one time charge.

After the visit date/time is entered, the system will check to determine whether valid insurance exists for the specified APV date. If so, one of the following will display in the Insurance (Ins:) field:

B	—	both Inpatient and Outpatient billable
I	—	Inpatient billable only
O	—	outpatient billable only.

If no valid policy exists for the APV, an “N” (non-billable) will display. The cursor will move to the Charge Category field.

Refer to Figure 2-10. Sample Screen: Review-Post One Time Charges.

Dt/Time:	10 Oct 1997@0910	REVIEW-POST ONE TIME	
CHARGES			
Patient:	JONES, HAROLD		
FMP/SSN:	01/800-45-1280		
Reg No.:	10090	Vis Dt:	09 Oct 1997@0910
Pat Cat:	USA NEWBORN OF FMR	Status:	O
Ins:	B	Sales Cd:	FOR
Remarks:		Pay Mode:	

Total Charges to Date:		Current Balance:	0.00
		Amount Transferred:	0.00
EFFECTIVE	CHARGE		
DATE	CATEGORY	DESCRIPTION	QUANTITY
AMOUNT			
09 Oct 1997	APV	FOR APV Rate for BAA5	1
780.00			

Figure 2-10. Sample Screen: Review-Post One Time Charges

4. Enter a Charge Category.

If APV is entered, the system will calculate the appropriate APV rate determined by the patient's PAS APV appointment (in a location designated by “S” as an APU), the patient's PATCAT, and the APV flagged MEPRS code.

Note: The description field will display the charge category and MEPRS code for the APV. The cursor moves to the Quantity field.

5. Enter a quantity.

Once the quantity is entered, the system automatically calculates the charges, based on the patient's PATCAT. This charge then displays in the Amount field.

6. Press <Return> to exit the screen and file the data.

2.7.3. Business Rules that Apply to Non DD7A-Billable Outpatient APVs

1. Sites are responsible for keeping their MSA Rate Table current.
2. MSA outpatient accounts will be manually created. MSA users will be responsible for billing non-DD7A APV patients through the MSA one time charge software.
3. Non-DD7A APV patients with valid insurance will be downloaded to Third Party Outpatient Collections (TPOCs).
4. Non-DD7A patients with APV episodes will be charged at the applicable rate associated with the APV for the patient's PATCAT.

2.8. Chapter Summary

The DD7A Billing Menu supports the automated DD7A software effective in CHCS V4.6. Options on this menu allow you to complete the following functions related to DD7A-billable patients, including APVs:

- Enter/Edit MEPRS billing rates/calculate the charges for DD7A outpatient categories (PATCATs)
- View a list of DD7A-billable patients
- Select and deselect billable patients from a list
- Generate a DD7A Billing Rate Table
- Generate a DD7A Report.

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The one-time charge software continues to be used to enter charges for non DD7A-billable APVs.

For online help with options on the DD7A Billing Menu and all other CHCS menus, refer to the *CHCS Online User Manual (OLUM)*, CHCS V4.6.

Chapter

3

Automated DD7A: Supporting Files

3. Automated DD7A: Supporting Files

Chapter Overview

This chapter provides information about the primary files that support the automated DD7A function. Chapter topics include:

- The DD7A Monthly Holding File
- The Outpatient MEPRS Billing Table File
- The DD7A Reprint File
- Chapter Summary.

3.1. The DD7A Monthly Holding File

The DD7A Monthly Holding File is a new file in the CHCS V4.6 software. This file contains seven fields for an approximate total of 72 characters. The file is relatively static on a monthly basis, though the data within the file changes. This file is anticipated to contain no more than 300 records for each month.

Note: The system creates the DD7A Monthly Holding file. No user actions are required; however, EOD processing *must first* be completed.

After EOD processing is complete, the system processes the appointment data to ensure that the appointments are DD7A billable. The MSA software stores DD7A outpatient billable data in a monthly holding file, which is sorted by division.

If MSA software is active at an MTF, CHCS will calculate charges based on the third level outpatient MEPRS billing codes. If MSA becomes inactive at an MTF, the system will allow the user to only display or print the outpatient billing data. Subsequently,

upon beginning a new monthly billing cycle, the outpatient billing for the entries at an MSA inactive MTF, will appear at the DMIS ID Group level, sorted by division.

Note: This process is:

- only for *B* and *C* level MEPRS codes
- transparent to the user (i.e., requires no user intervention).

3.2. The Outpatient MEPRS Billing Table File

The Outpatient MEPRS Billing Table file is a DOD file with approximately 24 entries. The software is delivered with B level MEPRS codes defined. Site personnel may enter additional C level MEPRS codes into this file in order to meet the needs of the MTF.

The file contains 10 fields for an approximate total of 74 characters. It is anticipated that this file will reach no more than 100 entries.

3.3. The DD7A Reprint File

The DD7A Reprint file contains 14 new fields for an approximate total of 119 characters. The file also contains the same number of entries as the DD7A Holding file for the previous month.

The anticipated maximum growth for this file is considered minimal.

Note: The DD7A Reprint file is purged monthly once the file has been printed and the data from the previous month is transferred to the DD7A Monthly Holding file.

3.4. Chapter Summary

This chapter addressed key files that support the automated DD7A function. These files include the DD7A Monthly Holding File, Outpatient MEPRS Billing Table File, and the DD7A Reprint file.

CHCS AUTOMATED DD7A USER DESKTOP GUIDE

Appendix A General Information

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CHCS AUTOMATED DD7A USER DESKTOP GUIDE

Appendix A. General Information

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A.1. The Composite Health Care System (CHCS)

A.1.1. Background

The medical component of the United States military currently cares for more than 10 million patients each year. To prepare for this huge case load, the Department of Defense (DOD) began in 1976 to automate health care functions by acquiring stand-alone workcenter systems such as TRIPHARM, TRIPAD, and TRILAB. These systems were termed "initial operating capabilities (IOCs)." Although IOCs enhanced information flow and the ability of health care professionals to provide increased quality care, costly and time-consuming deficiencies still existed.

For example:

- Military health care information systems still relied on a combination of manual and automated procedures to process information. Such procedures differed among the military services and within the automated systems themselves.
- Patient data was frequently redundant from department to department.
- Because data was dispersed among several automated systems, tracking facility-wide trends was difficult for administrators.

CHCS is a health care management information system designed to remedy these deficiencies.

CHCS was developed by a designated contractor based on requirements set forth by the DOD/Defense Medical Systems Support Center (DMSSC) which is now the Composite Health Care System Program Office (CHCS PO).

A.1.2. Overview of CHCS

The quality of care at a medical treatment facility (MTF) depends on how well all patient health care and administrative functions work together. CHCS assists in enhancing the quality of care by:

- Supporting key administrative processes within the MTF and health care delivery for both inpatients and outpatients.

- Providing a fast, easy way to enter, store, and retrieve data. This frees MTF staff from having to perform many time-consuming tasks, such as: physicians writing patient care orders in long hand; nurses completing multiple forms to document care given; ambulatory care clerks entering updates to registration information that the patient previously had to write directly on specified forms.
- Facilitating the coordination of health care activities within the MTF and its medically integrated outlying clinics.

CHCS functions are completely integrated; therefore, personnel in the diverse workcenters within the MTF can access a single patient database. This is a key benefit to both patients and staff since this type of integration greatly facilitates the inter-departmental flow of information. It also supports the coordination of health care services between groups of MTFs sharing the same hardware platform and patient database.

CHCS consists of the following components:

- **The Operating System**

The operating system consists of the software that runs CHCS and performs functions necessary to control or make the system work. The operating system enables the programming language to interface with the computer. In other words, the instructions and memory for the computer are within the operating system.

- **The MUMPS Programming System**

"Software" refers to a set of programs (instructions) that run the computer. The standard application software for CHCS is written in the Digital Standard MUMPS (DSM) language, which runs under the virtual address extended/virtual memory system (VAX/VMS) operating system. DSM utility software routines (known as TOOLS) provide common user and file interface for the individual subsystems of CHCS.

- **TOOLS Support Software**

The TOOLS support software is used to modify the generic software (software common to all subsystems) that develops the files, menus, screens, etc., related to CHCS. Once these components are entered, an authorized user can access CHCS, select a menu option, and employ the desired functionality. Users are assigned access only to menus appropriate for their job title and responsibilities.

- **The Database Management System**

The Database Management System is the body of the computer software that is used to acquire information, organize it into structured data, and produce the required products (outputs), such as online displays (i.e., Help text), reports (i.e., MEPRS reports), and analytical studies.

- **CHCS Subsystems**

The subsystems of CHCS, also referred to as "functionalities" or functional areas, include the following:

- Clinical (CLN)/Facility Quality Assurance (FQA)
- Dietetics (DTS)
- Laboratory (LAB)
- Patient Administration (PAD)/Medical Services Accounting (MSA)
- Patient Appointment & Scheduling (PAS)/Managed Care Program (MCP)
- Pharmacy (PHR)
- Radiology (RAD).

Each subsystem has its own unique capabilities; and personnel are assigned access (codes and security keys) only to the functionality that allows them to perform their area-specific workload.

Source: CHCS MEPRS User Desktop Guide, SAIC D/SIDDOMS Doc. DS-46DA-6036, 13 Mar 1998.

A.2. Overview: Medical Expense and Performance Reporting System (MEPRS)

A.2.1. Background

The Uniform Charts of Accounts (UCA) and the Uniform Staffing Methodologies (USM) systems were developed and implemented separately within the Health Care System. The UCA system grew out of a need to track expenses within military MTFs. Its development and implementation was under the direction of the Office of the Assistant Secretary of Defense for Health Affairs (OASD HA) in conjunction with the Military Service's medical comptrollers. The USM system was concerned with manpower personnel. OASD HA, in conjunction with Military Service Medical manpower personnel, developed and implemented this system.

At the MTF level, it became evident that the most effective and efficient utilization of personnel recording data for these systems was to merge the data capture function and ultimately the two systems. Under the direction of OASD HA, and in conjunction with Tri-Service manpower and comptroller personnel, these two systems merged to become MEPRS.

A.2.2. Overview of MEPRS

MEPRS is a cost accounting system used by the DOD for fixed MTFs. It is used to determine the "full" cost of medical care, including:

- Amount of workload
- Direct patient care expenditures (i.e., medications, procedures, tests, etc.)
- Indirect expenditures (i.e., housekeeping, laundry, etc.)
- Manpower (time/salary) expenses of all hospital personnel.

Workload performance data is collected from CHCS, from expenditures that are determined by the accounting and finance office, and from personnel data generated by service-specific systems.

The goal of DOD facilities is to consistently provide high levels of health care delivery. With this goal in mind, facility personnel are concerned with cost, efficient staffing, economic utilization of resources, establishment of measurable and achievable objectives, as well as planning for the accomplishment of these

objectives. Thus, there is a need for an effective mechanism to track manpower and associated workload, and to report it.

MTFs, Dental Treatment Facilities (DTFs), Service Headquarters, and DOD use MEPRS data for evaluating medical costs and making Defense Healthcare Program (DHP) decisions. MEPRS provides detailed and uniform financial and performance data to DOD components and the United States Congress. Further, MTFs use MEPRS data for budget formulation, review and analysis, business planning, productivity comparisons, and development of Department of Veteran's Affairs (DVA)/DOD sharing agreements.

MEPRS provides consistent principles, standards, policies, definitions, and requirements for the accounting and reporting of expense, manpower, and performance data by DOD health care facilities.

At the facility level, MEPRS data provides current and complete expense data for:

- Workcenter (responsibility center) management
- Manpower utilization.

At higher levels, MEPRS data is used to perform:

- Cost-effectiveness evaluations
- Military medical facility comparisons
- Provider compensation studies
- Base realignments or closures
- Bid price adjustments
- Internal versus external decision support analysis.

With the goal of capturing the full cost of medical care at the MTF, MEPRS is used to identify, collect, and distribute reports of ALL expenses associated with MEPRS-defined activities. To this end, MEPRS requires that indirect expenses also must be captured, in addition to the expenses that can be directly assigned to a MEPRS workcenter. Examples of indirect expenses are: administrative costs, laundry and housekeeping services, and base support, such as lighting and heating services.

A.2.3. Relationship Between CHCS and MEPRS

Each CHCS subsystem generates and/or tracks workload related to services for patients who receive health care at the MTF--both ambulatory and inpatients. As previously stated, under the guidelines of DOD, MEPRS is used to track the full cost of the workload that is reported in CHCS.

A hospital location defined in CHCS is related to a MEPRS code in order to capture workload of a service and/or functional activity designated by the MTF. For cost accounting purposes, the location is referred to as a "MEPRS workcenter account" to track MTF operating expenses.

Each workcenter account is assigned a performance factor which is the unit of measure used to identify, quantify, and report its workload. A service and/or functional activity provided to, or for, a patient is considered "workload." The cost of services and/or functional activities under each MEPRS account is based on the cost related to the amount of workload performed and all their associated expenses, including personnel expenses. Personnel must follow guidelines defined by DOD to account for their workload. The assignment of operating expenses follows the process of step-down in which all intermediary MEPRS accounts (support service workcenters and ancillary service workcenters) are distributed to final MEPRS accounts.

CHCS can be used both to request a service (i.e., enter an order for a patient such as an admission, a diet, a radiology procedure, a laboratory test, etc.) and to document that the requested work has been done. In order to enter one of these in CHCS, the user is prompted to enter a "Requesting Location" or a MEPRS workcenter. The Requesting Location must have a valid MEPRS code which has been defined in the CHCS files and tables for the designated location/workcenter. This is the starting point for MEPRS/workload data collection, tracking, and reporting.

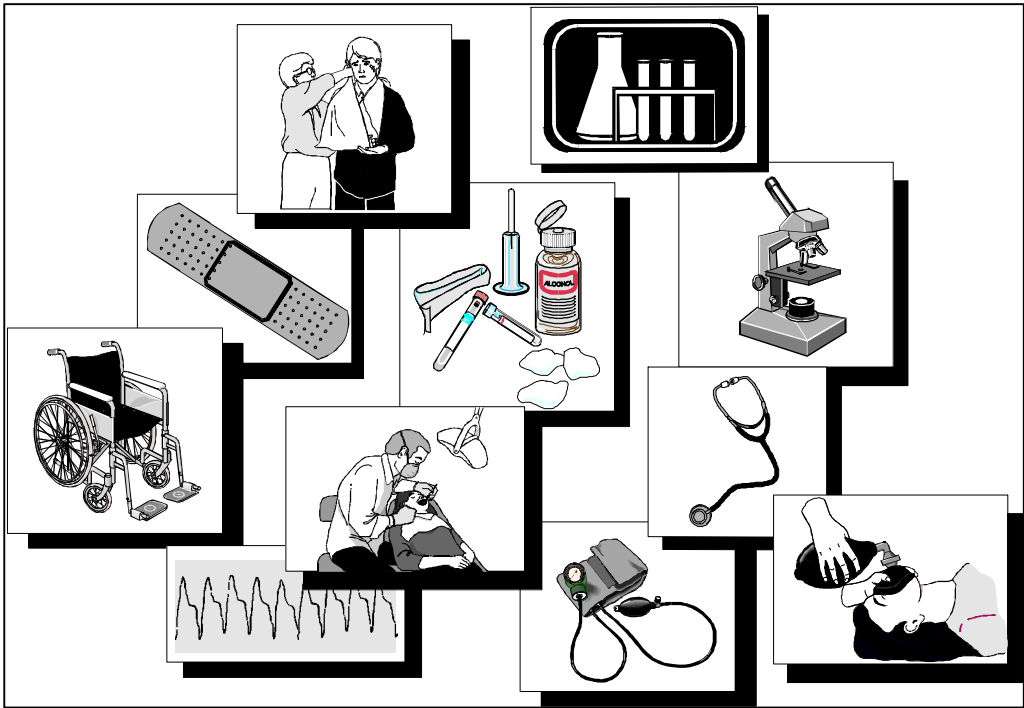
The Workload Assignment Module (WAM) function within CHCS facilitates the collection and processing of workload data that is reported and/or displayed through a variety of MEPRS/workload reports. Some reports are workcenter-specific (i.e., the End-of-Day Report for each clinic, the Pharmacy Medical Expense and Performance Report, etc.). Workcenter supervisors are ultimately responsible for the validity of these reports. Key factors in the step-down process include reconciling any data discrepancies and aggregating the data into a modular format prior to the transmission of workload data to Higher Headquarters.

Other MEPRS/workload reports are cumulative reports that encompass workload for the entire MTF on a monthly basis. The workcenter-specific reports are discussed in detail in Chapter 3 and in Appendix C. The Worldwide Workload Report (WWR) and other MEPRS/workload collection and reporting mechanisms are discussed later in this chapter.

A.2.4. MEPRS Codes

MEPRS uses an alpha or alpha-numeric coding system to represent each of four hierarchical components/levels of a MEPRS code, e.g., AAAA. MEPRS codes are standardized to the third level by the DOD and are used across all branches of the military. The fourth level is determined by the MTF. Numeric codes in the fourth level may be used with approval of the military department (MILDEP).

Each level of a MEPRS code represents a specific area within an MTF that is responsible for a cost. Costs include a range of services and supplies as shown in Figure A-1.



MPR01239

Figure A-1. Examples of Services

For example, Joseph Atkins, a patient in the Dermatology Clinic, received medication for acne. His physician entered an order for the prescription using a requesting location code of BAP*.

Note: The asterisk represents a "wild-card," so to speak, indicating that an additional level of the code is applicable.

The BAP* code in the above example identifies the following MTF areas responsible for the expense:

	First Level	Second Level	Third Level	Fourth Level
• Ambulatory Care	B			
• Medical Care		A		
• Dermatology			P	
• Group				*(site- definable)

Using this example, Figure A-2 depicts the activity (request for service) that triggers entry of a MEPRS code, and when the code actually gets "attached" to the activity in CHCS.

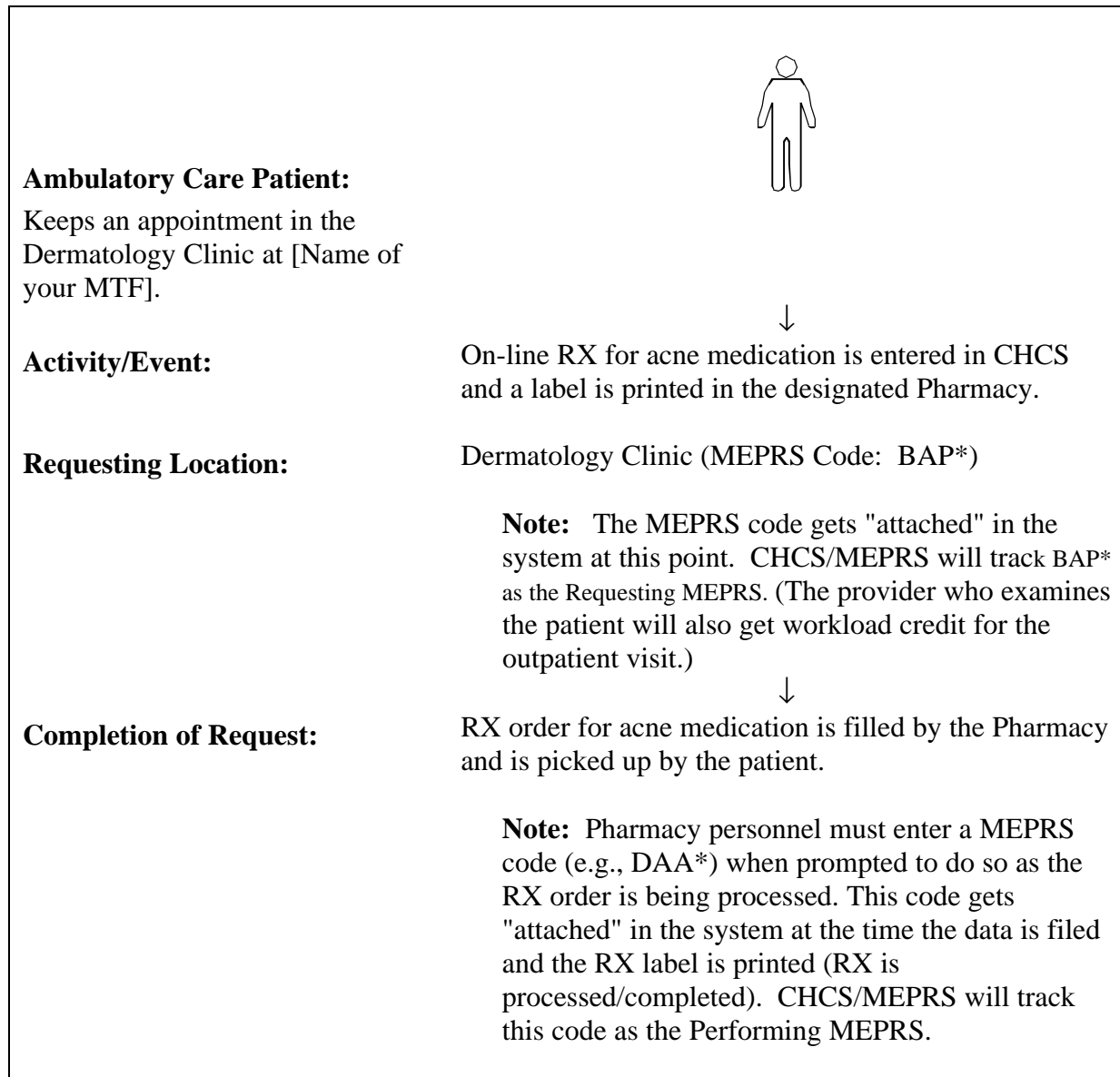


Figure A-2. MEPRS Codes Triggering Events in CHCS

A.2.5. Hierarchical Levels of a MEPRS Code

As previously stated, a MEPRS code consists of four levels of alpha or alpha-numeric characters.

- **First Level of a MEPRS Code: Functional Category**

Within MEPRS, a hierarchy of accounts has been constructed wherein all expenses and corresponding workload data can be grouped into seven DOD-standardized Functional Categories.

The first level in a MEPRS code identifies one of the Functional Categories. Refer to Table A-1 for a list of the Functional Categories.

Table A-1. Functional Categories

MEPRS Functional Category	MEPRS Code
Inpatient Care	A
Ambulatory Care	B
Dental Care	C
Ancillary Services	D
Support Services	E
Special Programs	F
Medical Readiness	G

Inpatient Care (Category A), Ambulatory Care (Category B), Dental Care (Category C), Special Programs (Category F), and Medical Readiness (Category G) accounts are considered to be final operating expense accounts. Ancillary Services (Category D) and Support Services (Category E) accounts represent intermediate operating expense accounts whose expenses are reassigned to the final operating expense accounts.

- **Second Level of a MEPRS Code: Summary Account**

Each of the Functional Categories is divided into a DOD-standardized Summary Account, the second level of a MEPRS code. Summary Accounts include general areas of costs within each Functional Category. For example, the Inpatient Category has seven Summary Accounts. Refer to Table A-2 for a list of Summary Accounts.

Table A-2. Summary Accounts.

MEPRS Functional Category	MEPRS Summary Accounts	MEPRS Code
Inpatient Care	Medical Care	A
	Surgical Care	AA
	OB/GYN	AB
	Pediatric Care	AC
	Orthopedic Care	AD
	Psychiatric Care	AE
	Family Practice	AF
		AG

- **Third Level of a MEPRS Code: Subaccount Workcenter**

Summary Accounts are further broken down into DOD-standardized Subaccount Workcenters. In accordance with the hierarchical structure of all MEPRS codes, subaccounts represent the third position of a MEPRS code. Subaccounts are accumulated into their corresponding summary account and reflect workcenters that incur costs. Refer to Table A-3 for examples of Subaccount Workcenters.

Table A-3. Subaccount Workcenters.

MEPRS Functional Category	MEPRS Summary Accounts	MEPRS Subaccount Workcenters	MEPRS Code
Inpatient Care	Medical Care	Internal Medicine	A
		Cardiology	AA
		Coronary Care	AAA
		Dermatology	AAB
		etc.	AAC
			AAD

Note: For a full description of all subaccounts, refer to Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (DOD 6010.13-M).

- **Fourth Level of a MEPRS Code: (Site-Definable)**

The fourth alpha or alpha-numeric character of a MEPRS code is determined by the MEPRS department/comptroller at the MTF. Recall that this level of a MEPRS code is site-definable. Fourth level codes are available for use in situations where the local command determines they would be of benefit for site-specific workload assignment, enhancing the utility and flexibility of MEPRS output on a local level.

Fourth level codes may be used to differentiate workload generated at a remote Internal Medicine clinic from that generated at an Internal Medicine clinic located in the primary, or "parent," facility.

Note: Certain fourth level codes are restricted and have pre-determined DOD/service-specific meanings. For example, a "5" is used to represent Ambulatory Procedure Visits (APVs).

Refer to Table A-4.

Table A-4. Fourth-Level MEPRS Codes.

MEPRS Functional Category	MEPRS Summary Accounts	MEPRS Subaccount Workcenters	MEPRS Fourth Level Account-Core Facility	MEPRS Code
Inpatient Care A	Medical Care A	Internal Medicine A Cardiology Dermatology Endocrinology	* * * *	AAA* AAB* AAD* AAE*

A.2.6. Interim Codes

On occasion, an MTF will have a clinic or an activity that does not have an existing standard subaccount. In such cases, "interim," or "Z" codes may be used

at the third level. Providing an interim status of "Not Elsewhere Classified" or NEC, these codes allow MEPRS to accommodate new specialties until new, permanent MEPRS codes are established.

Prior Service Headquarters approval is required for use of "Z" codes. These interim codes have a life expectancy of approximately one year or so--until the DOD assigns a standard Subaccount to the activity.

Note: For more specific details about the MEPRS, refer to the following:

- *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities* (DOD 6010.13-M), (current version).
- Military (service-specific) MEPRS procedure manuals and financial management guidance.

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Appendix B

Glossary

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Appendix B. Glossary

Acronyms and Abbreviations

<u>Acronym</u>	<u>Definition</u>
APU	Ambulatory Procedure Unit
APV	Ambulatory Procedure Visit
CHCS	Composite Health Care System
DMIS	Defense Medical Information System
DMIS ID	Defense Medical Information System Identification
DOD	Department of Defense
EOD	End-of-Day
FOR	Full Outpatient Rate (Designated as <i>Other</i> for DD7A billing purposes)
IMET	International Military Education and Training Rate
IOR	Interagency and Other Federal Agency Sponsored Patients Rate
MEPRS	Medical Expense and Performance Reporting System
MSA	Medical Services Accounting
MTF	Medical Treatment Facility
PAD	Patient Administration Subsystem of CHCS
PAS	Patient Appointment & Scheduling Subsystem of CHCS
PATCAT	Patient Category

Glossary (continued)

Term

Definition

Billable

A health care treatment or service that can be counted for workload and for which a charge for payment can be issued to a patient or agency.

CHCS

A fully automated, integrated medical information system. CHCS facilitates coordinating of health care activities and patient information among all departments within a medical treatment facility (MTF) and its medically integrated outlying clinics.

DD7A

Report of Treatment Furnished pay patients and other documentation for medical care furnished by Medical Treatment Facilities (MTFs) to beneficiaries of other Federal departments and agencies, and to other categories of patients.

The form has two components, Part A and Part B:

- a) DD Form 7, Hospitalization Furnished (Part A), is required to obtain reimbursement for treatment provided during inpatient episodes of care.
- b) DD Form 7, Outpatient Treatment Furnished (Part B), is required to obtain reimbursement for outpatient medical care services.

Defense Medical Information System Identification (DMIS ID)

The Expense Assignment System (EAS) uses the DMIS ID to define which divisions roll their workload together. Each division has a unique DMIS ID and a parent DMIS ID. The parent DMIS ID defines divisions that combine their workload.

A group DMIS ID is assigned to the parent DMIS ID for upward reporting.

Display

In CHCS documentation, this term refers to the display of a menu or a screen of information, as opposed to a prompt or a message.

Glossary (continued)

<u>Term</u>	<u>Definition</u>
Division	An organization that shares patient files and other files with other organizations supported by a CHCS database, but is otherwise administratively independent.
End-of-Day Processing	The update of patient appointment data for an outpatient clinic on a specified day. Patient appointment data includes, but is not limited to, appointment status and type, provider, clinic, and check-in (date and time).
Episode	All data related to an inpatient stay, starting with admission and continuing through disposition.
Expense Assignment System (EAS)	The computer system to which all Medical Expense and Performance Reporting System (MEPRS) data is submitted for processing, report production, and upward reporting. Small medical facilities usually have their processing/reporting done by a larger facility, with the end result that each military service has one EAS within its locality.
Field	<ol style="list-style-type: none">1) The space in a record used to define a data element. A field has attributes, such as a data type, storage location, and label. The terms data element and field are often used interchangeably.2) A labeled area within a screen in which a user may enter and edit text.
File	<ol style="list-style-type: none">1) A grouping of items with a single functional purpose. Examples: Patient information is stored in the Patient file. Ward locations, clinic names, and all other hospital locations are stored in the Hospital Location file.2) As in "to file," used in Screen Mode when data is stored.

Glossary (continued)

Term

Definition

Group

All divisions that have the same rollup Defense Medical Information System Identification (DMIS ID) in the Medical Center Division file.

Group ID

A Defense Medical Information System identification (DMIS ID) code that indicates the facility which owns the Expense Assignment System (EAS) and is responsible for the upward reporting of Medical Expense and Performance Reporting System (MEPRS) data. The Department of Defense (DOD) requires MEPRS data to be reported at the group level.

Home

The device name used to specify an output to display on the terminal screen.

Medical Expense and Performance Reporting System (MEPRS)

The Medical Expense and Performance Reporting System for fixed military medical and dental treatment facilities. MEPRS provides consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance.

Medical Treatment Facility (MTF)

A military hospital and its outlying affiliated workcenters established for the purpose of furnishing medical care to eligible individuals. Also called a Facility or Site.

Menu

A list of options (choices) presented by the software that represents a decision point in the running of the program. The menus available to individual users are determined when the CHCS system manager sets up the User Record.

Option

One of a list of processes on a menu that allows the user to access data in a file or to access another menu.

Glossary (continued)

Term

Definition

Patient Category

A classification or grouping of patients for which a sales code is used to determine reimbursement for medical treatment provided by military health care facilities (MTFs).

Prompt

- 1) A system-generated request for a response or action to be taken by the user.
- 2) A word or statement on the screen that tells the user what action needs to be taken or what information must be entered (e.g., Select Patient Name).

Record

This term generally relates to a patient's medical record or radiology film jacket record.

Screen

- 1) The part of the visual display terminal (VDT) that presents information sent from the computer or information typed on the keyboard.
- 2) This term is also used to describe a single display of information that takes up the whole screen.

Security Key

A code that relates to the ability to use a certain process. Some security keys are already defined in the system. Other security keys are defined by the system manager. The naming conventions and strategy for the use of these keys is determined at each facility. The system manager assigns security keys to users as appropriate for their use of CHCS.

Site Parameters

Fixed limits of boundaries that establish by what restrictions CHCS will perform a function.

Glossary (continued)

Term

Definition

Table

A list of available choices. A table displays when ?? is entered at a field that has a table connected to it. A table cannot be appended from the field, but must be set up through the appropriate menu options or through FileMan (File Manager).

Terminal

A device used to enter and send information to the computer. The keyboard and screen are terminal components.

Transparent

A function or process performed within CHCS that does not require a user action.

User

A person authorized by the medical treatment facility (MTF) to initiate a process in CHCS via a terminal. User authorization will be determined through the virtual memory system (VMS) and CHCS security functions.

Visit

Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of care.

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Appendix C Flowcharts

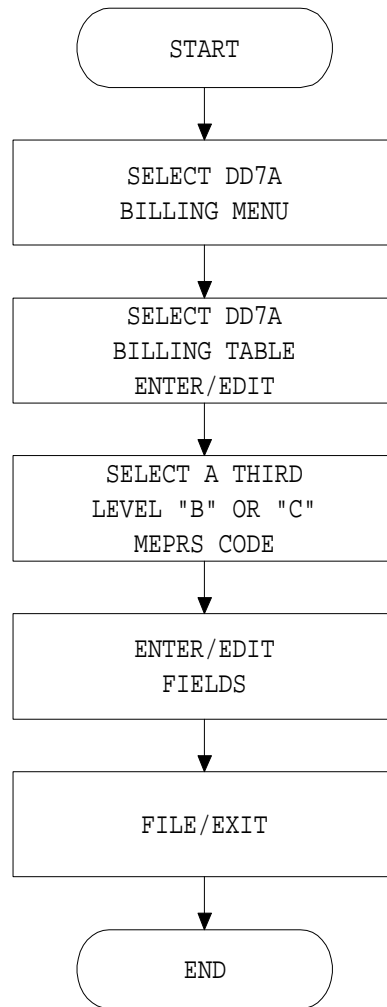
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Appendix C. Flowcharts

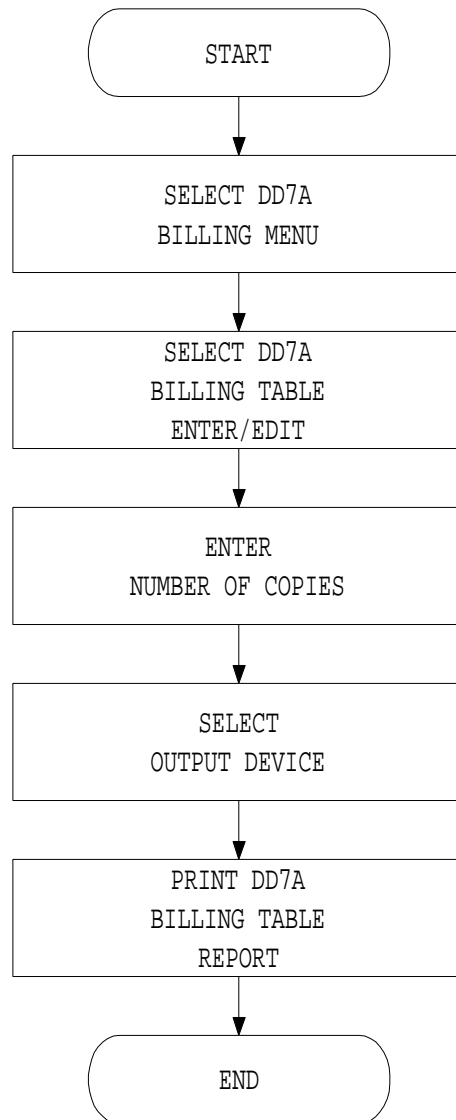
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DD7A Billing Table Report	C-5
Preview DD7A Billing List.....	C-6
DD7A Monthly Outpatient Billing Process	C-7
Reprint DD7A	C-8



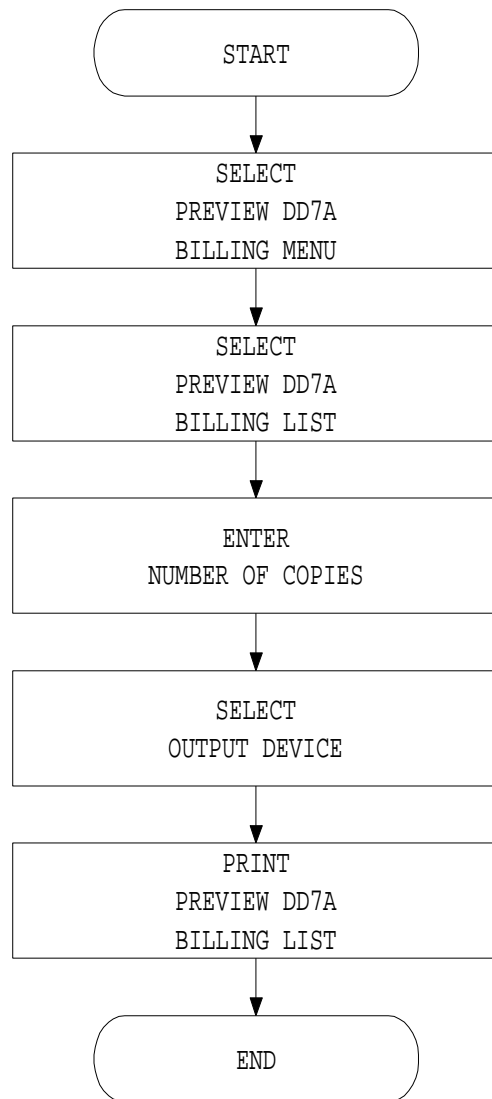
Flowchart: DD7A Outpatient Billing Rate Table Enter/Edit

MSA00842 10/08/97



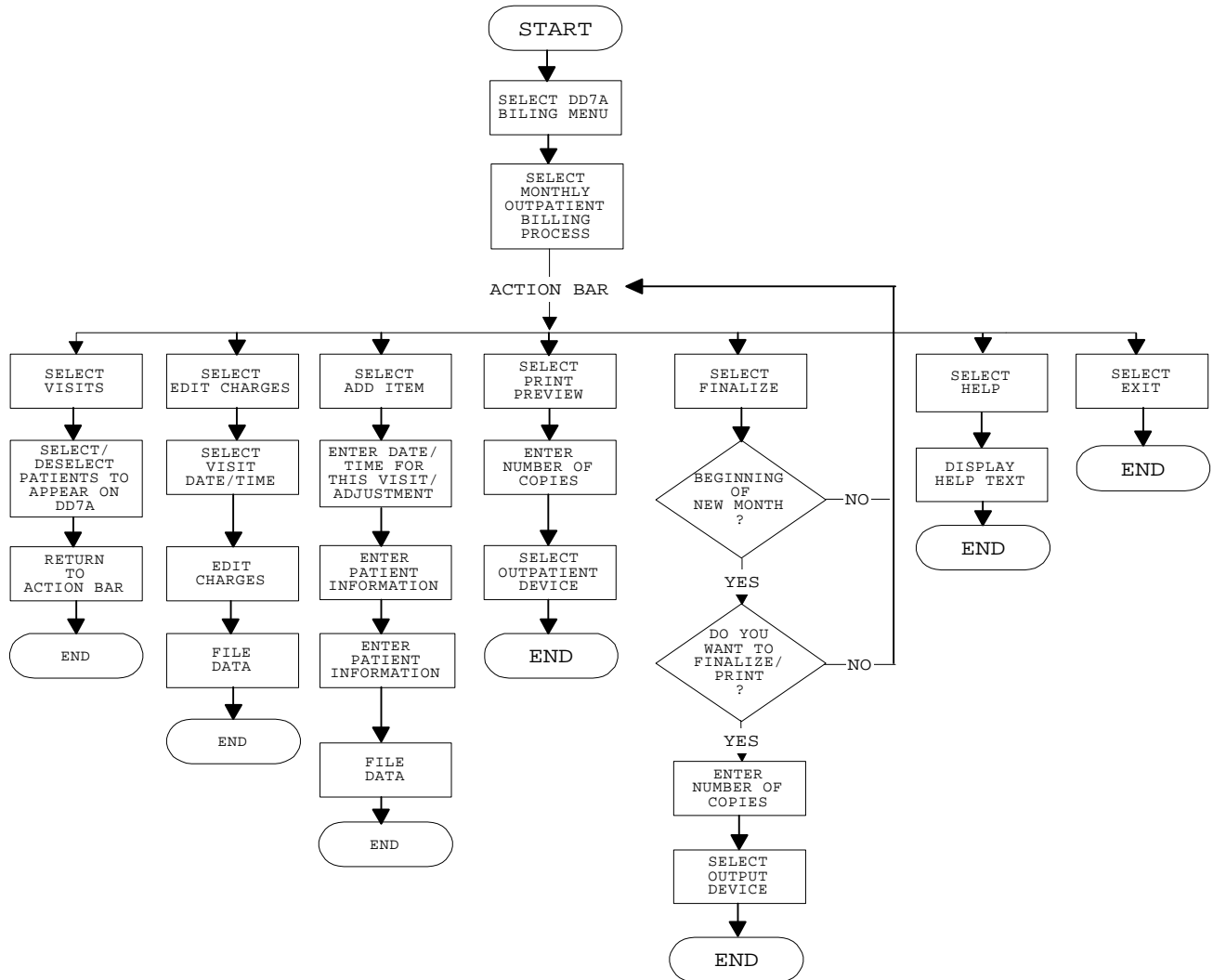
MSA00806 9/2/97

Flowchart: DD7A Billing Table Report



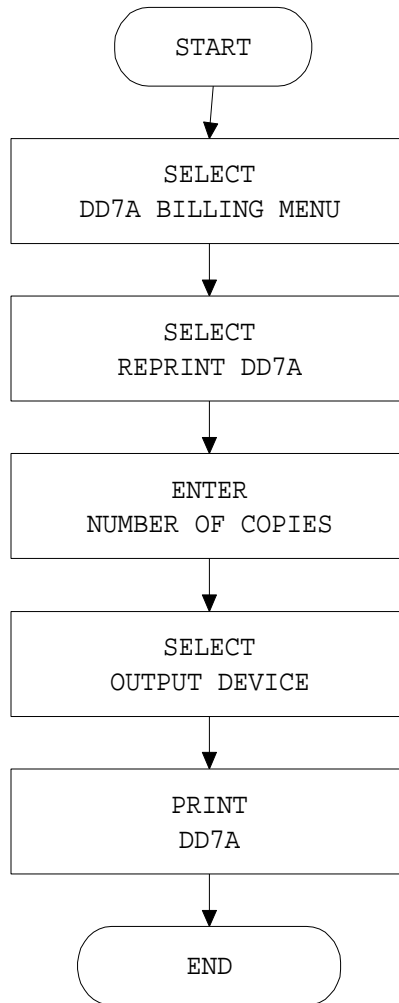
MSA00807 9/2/97

Flowchart: Preview DD7A Billing List



MSA00809 09/02/97

Flowchart: DD7A Monthly Outpatient Billing Process



MSA00808 9/2/97

Flowchart: Reprint DD7A

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Appendix D Sample Reports

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Appendix D. Sample Reports

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DD7A BILLING TABLE REPORT (OUTPATIENT MEPRS (DD7A) RATE SCHEDULE)

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* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *					

MEPRS Code	Clinical Service	Effective Date	IMET Rate	IOR Rate	Other Rate

A. Medical Care					
BAA	INTERNAL MEDICINE CLINIC	07Oct97	96.00	167.00	178.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAB	ALLERGY CLINIC	07Oct97	34.00	61.00	66.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAC	CARDIOLOGY CLINIC	07Oct97	61.00	111.00	119.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAE	DIABETIC CLINIC	07Oct97	57.00	103.00	110.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAF	ENDOCRINOLOGY (METABOLISM) CL	07Oct97	71.00	130.00	139.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAG	GASTROENTEROLOGY CLINIC	07Oct97	89.00	162.00	173.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAH	HEMATOLOGY CLINIC	07Oct97	89.00	162.00	173.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAI	HYPERTENSION CLINIC	07Oct97	60.00	108.00	116.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAJ	NEPHROLOGY CLINIC	07Oct97	114.00	207.00	
221.00	Ambulatory Procedures Visit		413.00	746.00	797.00
BAK	NEUROLOGY CLINIC	07Oct97	86.00	156.00	
167.00	Ambulatory Procedures Visit		413.00	746.00	
797.00					
BAL	OUTPATIENT NUTRITION CLINIC	07Oct97	24.00	43.00	46.00
	Ambulatory Procedures Visit		413.00	746.00	
797.00					

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* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *

MEPRS Code	Clinical Service	Effective Date	IMET Rate	IOR Rate	Other Rate
A. Medical Care {continued}					
BAM	ONCOLOGY CLINIC	07Oct97	81.00	148.00	158.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAN	PULMONARY DISEASE CLINIC	07Oct97	97.00	175.00	187.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAO	RHEUMATOLOGY CLINIC	07Oct97	73.00	133.00	142.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAP	DERMATOLOGY CLINIC	07Oct97	54.00	98.00	105.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAQ	INFECTIOUS DISEASE CLINIC	07Oct97	76.00	139.00	148.00
BAM	ONCOLOGY CLINIC	07Oct97	81.00	148.00	158.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAN	PULMONARY DISEASE CLINIC	07Oct97	97.00	175.00	187.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAO	RHEUMATOLOGY CLINIC	07Oct97	73.00	133.00	142.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAP	DERMATOLOGY CLINIC	07Oct97	54.00	98.00	105.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAQ	INFECTIOUS DISEASE CLINIC	07Oct97	76.00	139.00	148.00
BAM	ONCOLOGY CLINIC	07Oct97	81.00	148.00	158.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAN	PULMONARY DISEASE CLINIC	07Oct97	97.00	175.00	187.00
	Ambulatory Procedures Visit		413.00	746.00	797.00

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* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *					
MEPRS	Clinical	Effective	IMET	IOR	Other
Code	Service	Date	Rate	Rate	Rate

A. Medical Care {continued}					
BAO	RHEUMATOLOGY CLINIC	07Oct97	73.00	133.00	142.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAP	DERMATOLOGY CLINIC	07Oct97	54.00	98.00	105.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAQ	INFECTIOUS DISEASE CLINIC	07Oct97	76.00	139.00	148.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAR	PHYSICAL MEDICINE CLINIC	07Oct97	73.00	132.00	141.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
B. Surgical Care					
BBA	GENERAL SURGERY CLINIC	07Oct97	107.00	193.00	207.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBB	CARDIOVASCULAR & THORACIC SUR	07Oct97	92.00	167.00	178.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBC	NEUROSURGERY CLINIC	07Oct97	108.00	197.00	210.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBD	OPHTHALMOLOGY CLINIC	07Oct97	72.00	131.00	140.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBE	ORGAN TRANSPLANT CLINIC	07Oct97	109.00	199.00	212.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBF	OTOLARYNGOLOGY CLINIC	07Oct97	83.00	150.00	160.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBG	PLASTIC SURGERY CLINIC	07Oct97	87.00	158.00	169.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBH	PROCTOLOGY CLINIC	07Oct97	63.00	114.00	122.00
	Ambulatory Procedures Visit		413.00	746.00	797.00

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* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *

MEPRS Code	Clinical Service	Effective Date	IMET Rate	IOR Rate	Other Rate
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B. Surgical Care {continued}

BBI	UROLOGY CLINIC Ambulatory Procedures Visit	07Oct97	93.00 413.00	169.00 746.00	180.00 797.00
BBJ	PEDIATRIC SURGERY CLINIC Ambulatory Procedures Visit	07Oct97	53.00 413.00	97.00 746.00	103.00 797.00

C. Obstetrical and Gynecological (OB-GYN)

BCA	FAMILY PLANNING CLINIC Ambulatory Procedures Visit	07Oct97	59.00 413.00	108.00 746.00	115.00 797.00
BCB	GYNECOLOGY CLINIC Ambulatory Procedures Visit	07Oct97	67.00 413.00	121.00 746.00	129.00 797.00
BCC	OBSTETRICS CLINIC Ambulatory Procedures Visit	07Oct97	63.00 413.00	114.00 746.00	121.00 797.00

D. Pediatric Care

BDA	PEDIATRIC CLINIC Ambulatory Procedures Visit	07Oct97	51.00 413.00	93.00 746.00	100.00 797.00
BDB	ADOLESCENT CLINIC Ambulatory Procedures Visit	07Oct97	49.00 413.00	89.00 746.00	95.00 797.00
BDC	WELL BABY CLINIC Ambulatory Procedures Visit	07Oct97	30.00 413.00	54.00 746.00	58.00 797.00

E. Orthopaedic Care

BEA	ORTHOPEDIC CLINIC Ambulatory Procedures Visit	07Oct97	74.00 413.00	135.00 746.00	144.00 797.00
BEB	CAST CLINIC Ambulatory Procedures Visit	07Oct97	34.00 413.00	63.00 746.00	67.00 797.00
BEC	HAND SURGERY CLINIC Ambulatory Procedures Visit	07Oct97	37.00 413.00	67.00 746.00	72.00 797.00

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* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *					
MEPRS Code	Clinical Service	Effective Date	IMET Rate	IOR Rate	Other Rate

E. Orthopaedic Care {continued}					
BEE	ORTHOTIC LABORATORY Ambulatory Procedures Visit	07Oct97	53.00 413.00	95.00 746.00	102.00 797.00
BEF	PODIATRY CLINIC Ambulatory Procedures Visit	07Oct97	44.00 413.00	80.00 746.00	86.00 797.00
F. Psychiatric and/or Mental Health Care					
BFA	PSYCHIATRY CLINIC Ambulatory Procedures Visit	07Oct97	79.00 413.00	144.00 746.00	154.00 797.00
BFB	PSYCHOLOGY CLINIC Ambulatory Procedures Visit	07Oct97	75.00 413.00	137.00 746.00	146.00 797.00
BFC	CHILD GUIDANCE CLINIC Ambulatory Procedures Visit	07Oct97	46.00 413.00	83.00 746.00	89.00 797.00
BFD	MENTAL HEALTH CLINIC Ambulatory Procedures Visit	07Oct97	71.00 413.00	129.00 746.00	138.00 797.00
BFE	SOCIAL WORK CLINIC Ambulatory Procedures Visit	07Oct97	60.00 413.00	109.00 746.00	117.00 797.00
F. Psychiatric and/or Mental Health Care {continued}					
BFF	SUBSTANCE ABUSE CLINIC Ambulatory Procedures Visit	07Oct97	60.00 413.00	110.00 746.00	117.00 797.00
G. Primary Medical Care					
BGA	FAMILY PRACTICE CLINIC Ambulatory Procedures Visit	07Oct97	58.00 413.00	106.00 746.00	113.00 797.00
BHA	PRIMARY CARE CLINICS Ambulatory Procedures Visit	07Oct97	56.00 413.00	102.00 746.00	109.00 797.00
BHB	MEDICAL EXAMINATION CLINIC Ambulatory Procedures Visit	07Oct97	50.00 413.00	91.00 746.00	97.00 797.00

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* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *

MEPRS Code	Clinical Service	Effective Date	IMET Rate	IOR Rate	Other Rate
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G. Primary Medical Care {continued}

BHC	OPTOMETRY CLINIC Ambulatory Procedures Visit	07Oct97	37.00 413.00	68.00 746.00	73.00 797.00
BHD	AUDIOLOGY CLINIC Ambulatory Procedures Visit	07Oct97	27.00 413.00	48.00 746.00	52.00 797.00
BHE	SPEECH PATHOLOGY CLINIC Ambulatory Procedures Visit	07Oct97	60.00 413.00	108.00 746.00	116.00 797.00
BHF	COMMUNITY HEALTH CLINIC Ambulatory Procedures Visit	07Oct97	39.00 413.00	70.00 746.00	75.00 797.00
BHG	OCCUPATIONAL HEALTH CLINIC Ambulatory Procedures Visit	07Oct97	51.00 413.00	92.00 746.00	98.00 797.00
BHI	IMMEDIATE CARE CLINIC Ambulatory Procedures Visit	07Oct97	75.00 413.00	137.00 746.00	146.00 797.00

H. Emergency Medical Care

BIA	EMERGENCY MEDICAL CLINIC Ambulatory Procedures Visit	07Oct97	91.00 413.00	164.00 746.00	176.00 797.00
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I. Flight Medicine Care

BJA	FLIGHT MEDICINE CLINIC Ambulatory Procedures Visit	07Oct97	85.00 413.00	154.00 746.00	164.00 797.00
-----	---	---------	-----------------	------------------	------------------

J. Underseas Medicine Care

BJA	UNDERSEAS MEDICINE CLINIC Ambulatory Procedures Visit	07Oct97	26.00 413.00	46.00 746.00	50.00 797.00
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MCDONALD ARMY COMMUNITY HOSPITAL

07 Oct 1997 0949 Page 6

* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *

MEPRS Code	Clinical Service	Effective Date	IMET Rate	IOR Rate	Other Rate
---------------	---------------------	-------------------	--------------	-------------	---------------

K. Rehabilitative Service

BLA	PHYSICAL THERAPY CLINIC Ambulatory Procedures Visit	07Oct97	24.00 413.00	44.00 746.00	47.00 797.00
BLB	OCCUPATIONAL THERAPY CLINIC Ambulatory Procedures Visit	07Oct97	32.00 413.00	58.00 746.00	62.00 797.00
BLC	NEUROMUSCULOSKELETAL SRCN CLI Ambulatory Procedures Visit	07Oct97	20.00 413.00	37.00 746.00	39.00 797.00
BLZ	REHAB AMBL SVC NOT ELSEWHERE Ambulatory Procedures Visit	07Oct97	90.00 90.00	90.00 90.00	90.00 90.00

*** End of Report ***

DD7A BILLING PREVIEW LIST

MCDONALD ARMY COMMUNITY HOSPITAL

23 Oct 1997 0950 Page 1

Personal Data - Privacy Act of 1974 (PL 93-1018579)

* * * DD7A Outpatient Billing Preview List for October 1997 * * *

Visit Date	Pat Cat	Patient	Eff Ins	FMP/SSN	MEPRS Code	Charges
* 02Sep97@0200	B31	BROCKWAY, TOM	N	20/585-33-0406	BCBP	80.00
13Sep97@0900	K71	BROCKWAY, DAVID	N	20/585-23-0305	BAAA	96.00
* 18Sep97@1402	C31	DAVIES, CARL	N	20/687-65-0921	CAAA	200.00
04Oct97@0900	C31	DAVIES, CARL	N	20/687-65-0921	BAAA	167.00
* 07Oct97@1300	B11	BOWMAN, DARREN	Y	20/800-66-0504	BAA5	797.00

* - Current visits/adjustments selected for the October 1997 DD7A

REPRINT DD7A

Bill No: 0125 - 97 - OCT

Report of Treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Services

Prepared on : 29 Sep 97

Printed on : 30 Sep 97
Page 1 of 1

EISENHOWER ARMY MEDICAL CENTER
BLDG. 300/MCHF-IMD
FORT GORDON, GA 30905-5650

Patient Charge Category: USCG ACTIVE DUTY, C11
Country of Origin: United States of America

Patient Name	Pat Cat	Visit Date	MEPRS	Amount Billed
FMP/SSN	Grade		Clinic	

Division: ARMY INPATIENT DIVISION

DAVISON, RONALD	C11	13 Sep 97	CAAA	65.00
20/490-23-0234	E8		DENTAL	
HACKETT, DANIEL B.	C11	17 Sep 97	BBAA	107.00
20/433-99-8976	E6		EYE	
MOSSER, MIKE	C11	27 Sep 97	BALA	24.00
20/568-12-2223	E5		NUTRITION	
SMITH, JANE	C11	05 Sep 97	BBBA	34.00
20/525-45-1234	E6		ALLERGY	

USCG ACTIVE DUTY Billing This Period: (Visit: 4) 230.00
Adjustments This Period: 0.00

Adjustments Billing This Period: 230.00

USCG ACTIVE DUTY Billing Year to Date: 1104.78

Date: 02 Oct 1997 Certified and Authenticated by _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - 1 APR 76

UNITED STATES COAST GUARD SUMMARY REPORT

Bill No: 0121 - 97 - OCT		
Report of Treatment Furnished Pay Patients		
Hospitalization Furnished (Part B) Outpatient Services		
Prepared on : 29 Sep 97	Printed on : 30 Sep 97 Page 1 of 1	
EISENHOWER ARMY MEDICAL CENTER BLDG. 300/MCHF-IMD FORT GORDON, GA 30905-6560		
United States Coast Guard Summary Report Country of Origin: United States of America		

Patient Status	# Visits	Billed Amount

USCG Active Duty	3	192.00
USCG Family Member	1	34.00
USCG Retired	0	0.00
USCG Retired Family Member	1	178.00

Billing This Period:	5	404.00
Adjustments This Period		0.00
Adjustments Billing This Period:		----- 404.00
Billing Year to Date:		1282.78
Date: 02 Oct 1997	Certified and Authenticated by _____	
THIS FORM IS AN AUTOMATED VERSION OF DD7A - 1 APR 76		

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CHCS AUTOMATED DD7A USER DESKTOP GUIDE

Appendix E References

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CHCS AUTOMATED DD7A USER DESKTOP GUIDE

Appendix E. References

1. *Army Regulation 40-330 Medical Services Rates, Codes, Expense Reporting Systems, Centralized Billing, and Medical Services Accounts*, Headquarters, Department of the Army, Washington, DC, 26 Feb 1988.
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3. *CHCS MEPRS User Desktop Guide*, SAIC D/SIDDOMS Doc. DS-46DA-6036, 26 May 1998.
4. *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities* (DOD 6010.13-M) (current version).
5. Unit Development Folder (UDF) List, PAD 100100, MSA/TPC SCR DD7A (95-3537), SAIC, 17 Fall 1997.
6. Unit Development Folder (UDF) List, PAD 092407, MSA: Outpatient APV Billing for DD7A Patients, SAIC, Fall 1997.
7. Unit Development Folder (UDF) List, PAD 092411, MSA: Outpatient APV Billing for Non-DD7A Patients, SAIC, Fall 1997.

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CHCS AUTOMATED DD7A USER DESKTOP GUIDE

Appendix F Index

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CHCS AUTOMATED DD7A USER DESKTOP GUIDE

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